

ATTACHMENT 6
SMALL URBAN PROJECT INFORMATION SHEET

REQUESTING AGENCY

Agency Name: _____ Contact Person: _____

Mailing Address: _____ City/ZIP Code: _____

Telephone Number: _____ E-mail Address (if available): _____

PROJECT DESCRIPTION

Road Name/Transit Project: _____ Length (miles): _____

Project Location: _____

Year of Improvement: _____ Priority: _____ Work Type Code: _____

Proposed Work: _____

Is ROW Required? YES _____ NO _____

If YES, indicate when ROW will be acquired: _____

CONSTRUCTION COSTS

Road/Bridge Work: _____ Miscellaneous: _____

Construction Contingencies: _____ Construction Total: _____

FUNDING SOURCES

STP Amount: _____ Local Amount: _____

Other Funding Sources – Indicate Amount: _____

OTHER COSTS

Preliminary Engineering: _____

Right-of-Way: _____

Construction Engineering: _____

Total Project Costs: _____

ROAD/TRANSIT INFORMATION

Is the road segment federal-aid eligible? YES_____ NO_____

Does the road have truck restrictions? YES_____ NO_____

If YES, please explain: _____

Present Pavement Width: _____ Pavement Type: _____ Present # of Lanes: _____

Present Shoulder Width: _____ Average Daily Traffic: _____ Surface Condition: _____

Base Condition: _____ Drainage Condition: _____ New Pavement Width: _____

Commercial Traffic: _____ New # of Lanes: _____ New Shoulder Width: _____

Fix Service Life (Road): _____ Road Jurisdiction: _____ Life of Investment (Transit): _____

Replacement (Transit): _____ Expansion (Transit): _____

PROJECT JUSTIFICATION

Completed By: _____ Title: _____ Date: _____